

**ADDENDUM TO RELEASE OF INFORMATION**

*To be completed by offender*

Name of Offender and Aliases: \_\_\_\_\_

Last known address: \_\_\_\_\_

Child(ren) Name(s):

\_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

Parent's description of involvement with Children's Administration:

Has parent been involved with Child Protective Services or Child Welfare in another State? \_\_\_\_Y \_\_\_\_N

If yes, list state and approximate dates: \_\_\_\_\_

Has a child been involved with Tribal Child Welfare in Washington State \_\_\_\_Y \_\_\_\_N

If yes, list tribe and approximate dates: \_\_\_\_\_

Has parent been involved with Tribal Child Welfare or other Tribal services in another State? \_\_\_\_Y \_\_\_\_N

If yes, list tribe and approximate date: \_\_\_\_\_

Please give a brief description of the case:

\_\_\_\_\_ (initial) I allow any child welfare/protection agency (tribal and/or state) to disclose any level of information they may have on me, my family and/or children, including but not limited to founded (substantiated), unfounded (insubstantiated) and "information only" referrals.

\_\_\_\_\_ (initial) I allow the Department of Social and Health Services and/or Department of Corrections to re-disclose protected health and/or other information to mental health, chemical dependency, and child welfare service providers for the purpose of service coordination.

I, \_\_\_\_\_ certify under penalty of perjury that the information provided in the attached documents are true and accurate. I understand that any misrepresentation or fraudulence will automatically disqualify me from participation in the Parent Sentencing Alternative Program.